KANSAS GOVERNMENTAL ETHICS COMMISSION

FILED

RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL OR PARTY COMMITTEE

JAN 1 1 2006

January 10, 2006

RONTHORNBURGH SECRETARY OF STATE

FILE WITH SECRETARY OF STATE SEE REVERSE SIDE FOR INSTRUCTIONS

A.	Name of Committee: Kansas Dental Hygierists Assn HY-PAC Address: % 607 Miley City and Zip Code: Lansing, Kansas 66043 This is a (check one): Party Committee X Political Commit	
В.	Check only if appropriate: Amended Filing Termination Rep	ort
C.	Summary (covering the period from January 1, 2005 through December 31, 2005) 1. Cash on hand at beginning of period	20.00
D.	"I declare that this report, including any accompanying schedules and statements, has been and to the best of my knowledge and belief is true, correct and complete. I understand the failure to file this document or intentionally filing a false document is a class A misdem	at the intentional
Dat	Signature of Treasurer	

GEC Form Rev, 2001

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address		Check Appropriate Box			Amount of Cash, Check,	
	of Contributor		Cash	Check	Loan	Other	Loan or Other Receipt
9-2505	Barb Burkindine 18961 S. Alden St Olathe KS 66062			×			84
9-25-05	Lisa Ross 1185 Columbine Cir Salina KS 67401		,	*			55
	Deborah DaMitio Po Box87 Andale, KS 67001			X			53
	Denise Maus 1334 N Coach House Wichita, KS 67235			Х			116
9-25-05	Dawn McGlasson 3101 SW Wanamaker Dr Topeka, KS 66614			X			62
	Connie Hiatt 12306 Dayson Ln Wichita KS 67235			X			114
	Subtotal This Page						484

Complete if last page of Schedule A

Total Itemized Receipts for Period	H84.00
Total Unitemized Contributions (\$50 or less)	479.93
Sale of Political Materials (Uniternized)	
Total Contributions When Contributor Not Known	40.00
TOTAL RECEIPTS THIS PERIOD (to line 2 of Summary)	1003.93

Page i of l

SCHEDULE C **EXPENDITURES AND OTHER DISBURSEMENTS**

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
1		à.	
*		e a	
			4
	Subtotal This Page		±

Complete if last page of Schedule C

Total Itemized Expenditures This Period	
Total Unitemized Expenditures of \$50 or less	20.00
TOTAL EXPENDITURES & OTHER DISBURSEMENTS THIS PERIOD (to line 4 of Summary)	20,00